

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

Oil & Solvent Process Company
1704 West First Street
Azusa, Ca 91702

AREA CODE/PHONE NUMBER

Tel 818 334-5117

STATE ID NUMBER

83388106

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1

Oil & Solvent Process company
1704 West First Street
Azusa, Ca 91702

VEH/CONTAINER NO.

EPA ID NUMBER

CIA D010 831029103

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO.

EPA ID NUMBER

42574 CIA D101 083102910

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

Omega Chemical Company
12004 E. Whittier Blvd
Whittier, Ca 90602

AREA CODE/PHONE NUMBER

EPA ID NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. DISP.
METH.

Hazardous Waste Liquid N.O.S.

NA191189

2080 G

140 DM 2111 01

ORM-E

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

Trichlorotrifluoroethane

98 94 X

Methanol / Ethanol

2 0 X

Water/Dirt/oil

2 0 X

SPECIAL HANDLING INSTRUCTIONS

Gloves & Goggles

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

Betty Peckham

Betty Peckham

MO.

DAY

YR.

16

19

84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

06

19

84

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

06

19

84

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

Printed or typed full name and signature

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO.

DAY

YR.

CIA D101 092245101

06

19

84

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

TO BE FILLED
IN BY TSD

TO BE FILLED IN
BY TRANSPORTER

TO BE FILLED IN BY GENERATOR